

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Mug	16	3/20/00 1-24-00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		69300	

## INDEX OF CLAIMS

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
- (Through numeral)...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Date
Final	5-25-00
Original	
1	✓
2	✓
3	✓
4	0
5	
6	✓
7	✓
8	✓
9	0
10	0
11	0
12	✓
13	0
14	0
15	0
16	✓
17	✓
18	0
19	0
20	0
21	0
22	y
23	✓
24	0
25	0
26	0
27	
28	✓
29	✓
30	0
31	0
32	0
33	✓
34	0
35	0
36	0
37	✓
38	✓
39	0
40	0
41	0
42	0
43	✓
44	
45	0
46	0
47	0
48	✓
49	✓
50	✓

Claim	Date
Final	5-25-00
Original	
51	0
52	0
53	0
54	✓
55	0
56	0
57	0
58	✓
59	✓
60	0
61	0
62	0
63	0
64	✓
65	✓
66	0
67	0
68	0
69	0
70	0
71	0
72	0
73	✓
74	✓
75	✓
76	0
77	0
78	0
79	0
80	0
81	0
82	0
83	0
84	0
85	0
86	0
87	0
88	0
89	0
90	0
91	0
92	0
93	0
94	0
95	✓
96	✓
97	✓
98	✓
99	✓
100	0

Claim	Date
Final	5-25-00
Original	
101	0
102	✓
103	0
104	✓
105	✓
106	0
107	0
108	0
109	✓
110	0
111	✓
112	✓
113	✓
114	✓
115	✓
116	✓
117	✓
118	✓
119	✓
120	✓
121	0
122	✓
123	0
124	✓
125	✓
126	✓
127	✓
128	0
129	✓
130	✓
131	✓
132	✓
133	✓
134	✓
135	✓
136	✓
137	✓
138	
139	
140	
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142	
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145	
146	
147	
148	
149	
150	

If more than 150 claims or 10 actions  
staple additional sheet here

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